## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE	19 OF	47		
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)					
	X 11a 11b	11c	12			
	13 14	15	16	17		

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NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee		
Full Name (Last, First, Middle Initial)  Brad Plaga  Mailing Address 810 East 23rd Street		Date of Receipt	
City Sioux Falls	State Zip Code SD 57105	10 21 2008  Transaction ID : C537  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	700.00	
Name of Employer  Orthopedic Institute  Receipt For:  Primary General  Other (specify)	Occupation Surgeon  Aggregate Year-to-Date ▼  730.79		
Full Name (Last, First, Middle Initial)  B. Eric J. Potthoff MD  Mailing Address PO Box 1815  250 South Crescent		Date of Receipt  11 12 2008	
City  Mason City  FEC ID number of contributing	State Zip Code IA 50402-1815	Transaction ID : C578  Amount of Each Receipt this Period	
federal political committee.  Name of Employer  Mason City Clinic	Occupation Physician	250.00	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00		
Full Name (Last, First, Middle Initial)  C. T.J. Rasmussen MD		Date of Receipt	
Mailing Address 3651 College Blvd. Suite 100A  City State Zip Code		10 22 2008	
Leawood	KS 66211	Transaction ID : C546  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer	Occupation		
Orthopaedic & Sports Medicine  Receipt For:  Primary  General  Other (specify)	Physician  Aggregate Year-to-Date ▼  1000.00		
SUBTOTAL of Receipts This Page (optional)		1950.00	
TOTAL This Period (last page this line number	only)		